112000136942

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



400346365694

06/17/20--01015--027 **25.

S TAILENT AUG 0.4 2220 2020 JUN 17 AM 8: 40

LIN Whigh

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L12000136942	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitte
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	_
101 North Brand Blvd. 11th Floor	
Address	_
Glendale, CA 91203	
City/State and Zip Code	_
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Janna Pantoja 800	773-0888 x3950 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmentiability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn lim

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	5, Florida Statutes, the undersig	ned,	
United States Corporation Agents, Inc.		C.	_ , hereby resigns as	
Name of Registered Agent			, nereby resigns as	
Registered Agent for	TWM Insight LLC			
	Name of Lim	ited Liability Company		,
L12000136942				
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the a	bove listed limited liability con	npany at its last known a	ddress.
If signing on behalf of	an entity:	Signature of Resigning Agent		
g on commo	Cheyenne Mose	lev		
	·	yped or Printed Name		
		nited States Corporation Agents	s, Inc.	207
		Capacity		2020 JUH 17
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/	any voluntarily dissolved/	AH 8:

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn limited liability company